

INSURANCE FORM LISTING



Office of the Commissioner of Insurance
Bureau of Market Regulation
P.O. Box 7873
Madison, Wisconsin 53707-7873
(608) 266-3585

Ref. Section 601.42 (2), Wis. Stat.
Section Ins 6.05, Wis. Adm. Code

PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING FORM. The instructions may be obtained from the Insurance Commissioner's Office at the above address. ALL LISTINGS SHOULD BE SUBMITTED IN DUPLICATE FOR EACH INSURANCE COMPANY.

1. Company OCI Number	FOR OCI USE ONLY 2. Submission Number
3. Company Name and Mailing Address	
	4. Individual Responsible for This Filing
	5. Telephone Number

[illegible]

If more space is required, use additional forms

12. ☐ Certification of Compliance (Forms) Ref. s. Ins 6.05, Wis. Adm. Code 14. Are Rates Included With This Filing? ☐ Yes ☐ No
13. ☐ Certification of Readability (Forms) Ref. s. Ins 6.07, Wis. Adm. Code

*Entries in this column should not be more than 30 characters including spaces.

DATE RECEIVED	FOR OFFICE USE ONLY	
		FORM FILING APPROVED DATE APPROVED: _____ Initials: _____